



2631

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	09/753,227
		Filing Date	December 28, 2000
		First Named Inventor	Darwin A. Engwer
		Group Art Unit	2631
		Examiner Name	Unassigned
Total Number of Pages in This Submission	11	Attorney Docket Number	3239P071

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> PTO/SB/08	<input type="checkbox"/> CD, Number of CD(s)	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input checked="" type="checkbox"/> Basic Filing Fee		
<input type="checkbox"/> Declaration/POA		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

Exhibit 1 RECEIVED

APR 30 2003

Technology Center 2600

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	William W. Schaal, Reg. No. 39,018  BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	April 21, 2003

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class mail with sufficient postage in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on:

April 21, 2003

Typed or printed name	Corrinn R. Reynolds
Signature	
Date	April 21, 2003

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# FEET TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27.TOTAL AMOUNT OF PAYMENT (\$)  
168.00

Complete if Known

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Group/Art Unit	2631
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## METHOD OF PAYMENT (check one)

Check     Credit card     Money Order     Other     None  
 Deposit Account

Deposit Account Number  
02-2666Deposit Account Name  
Blakely, Sokoloff, Taylor & Zafman LLP

The Commissioner is authorized to: (check all that apply)

- Charge fee(s) indicated below     Credit any overpayments  
 Charge any additional fee(s) required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.  
 Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001	750	2001	375	Utility filing fee	
1002	330	2002	165	Design filing fee	
1003	520	2003	260	Plant filing fee	
1004	750	2004	375	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)		(\$)			

## 2. EXTRA CLAIM FEES

Total Claims	23	23*	=	0	X	18.00	=	\$0.00	Extra Claims	Fee from below	Fee Paid
Independent Claims	6	4*	=	2	X	84.00	=	\$168.00			
Multiple Dependent											

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202	9	Claims in excess of 20	
1201	84	2201	42	Independent claims in excess of 3	
1203	280	2203	140	Multiple Dependent claim, if not paid	
1204	84	2204	42	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)		(\$)			168.00

\*\*or number previously paid, if greater. For Reissues, see below

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)

(\$)

Complete (if applicable)

Name (Print/Type)	William W. Schaeff	Registration No. (Attorney/Agent)	39,018	Telephone	(714) 557-3800
Signature				Date	04/21/03

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application to the USPTO. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

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